

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Submit Monthly

NAME **Tidewater Vessel Repair**
 ADDRESS **6305 N.W. Old Lower River Road**
Vancouver, WA 98666-1210
 COUNTY **Clark**
 FACILITY
 LOCATION

WA0038776 PERMIT NUMBER	DD1 Drydock Flood Water DISCHARGE NUMBER
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MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
		01	TO			
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>		<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

NOTE: Read instructions before completing this form.

☐ **No Discharge of any parameter**

PARAMETER <small>(32-37)</small>		<small>(3 Card Only)</small> <small>(46-53)</small>	QUANTITY OR LOADING <small>(54-61)</small>			<small>(4 Card Only)</small> <small>(38-45)</small>	QUALITY OR CONCENTRATION <small>(46-53) (54-61)</small>			NO. EX. <small>(62-63)</small>	FREQUENCY OF ANALYSIS <small>(64-68)</small>	SAMPLE TYPE <small>(69-70)</small>
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Oil and Grease	SAMPLE MEASUREMENT											
								5	mg/L	0	01/90	Grab
Oil & Grease	SAMPLE MEASUREMENT											
								0	No =0 Yes = 1	0	1/Launch	Visual
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA CODE	NUMBER	DATE YEAR MO DAY
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

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DISCHARGE MONITORING REPORT (DMR)

Submit Monthly

(2-16)		(17-19)	
WA0038776		001	
PERMIT NUMBER		DISCHARGE NUMBER	

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
		01	TO			
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMU M	UNITS			
Zinc, Total Recoverable	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						72.55	µg/L	0	01/30	Grab
Turbidity	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						5	NTU over background	0	01/30	Grab
Oil & Grease	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						5	mg/L	0	01/30	Grab
pH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6.6		8.5	s.u.	0	01/30	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)	TELEPHONE		DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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